

LETTER OF AGREEMENT

AUTHORIZATION TO RELEASE MILITARY STUDENT INFORMATION

**To be submitted to Excelsior College by Military Education Counselor,
along with enrollment package and/or official transcripts**

TO BE COMPLETED BY EDUCATION SERVICES OFFICER / EDUCATION COUNSELOR

Date: _____ Student's Name: _____ SSN: _____

ESO/Education Counselor Printed Name: _____

Education Center Address: _____

As an ESO/Education Counselor who will be submitting documents on behalf of the student indicated below, I agree to comply with the procedures outlined by Excelsior College in the "Guide for Military Counselors Handbook". In accordance with FERPA guidelines, I also confirm that any information and documents which I receive or submit on behalf of the student are considered to be confidential and will not be released to any third party without the written consent of the student.

(Signature of ESO / Education Counselor)

(Date)

TO BE COMPLETED BY THE STUDENT

As a student enrolling in Excelsior College through the SOC Degree Network, I agree to respond promptly to information requested by either my ESO/Education Counselor or Excelsior College regarding my studies, to notify my ESO/Education Counselor and Excelsior College of any change in name, address, or social security number and to meet all of my financial obligations to Excelsior College. Since my ESO/Education Counselor will assist me in planning a course of study, I have authorized my ESO/Education Counselor to submit official documents on my behalf. I also authorize Excelsior College to release to my ESO/Education Counselor pertinent information regarding my status in Excelsior College, including copies of my Status Report and other information related to my studies and status in the program.

Date: _____ Signature: _____ SSN: _____

